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APPLICANTS

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** CONTINUING DATA *****
none R.S.

** FOREIGN APPLICATIONS *****
none R.S.

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after <i>Allowance</i> <i>R. S. R. S.</i> Examiner's Signature Initials	STATE OR COUNTRY INDIA	SHEETS DRAWING 10	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
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 23446
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TITLE
 Grouted tilting patient positioning table for vascular applications

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit